

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10765919

01/29/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		4				
6		4				
7		1				
8		1				
9		1				
10		2				
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50						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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